FORM D

NOV 1 4 2006

\$6,000,000 Common Stock and Warrants

Filing Fee: There is no federal filing fee.

law. The Appendix to this notice constitutes a part of this notice and must be completed.

State:

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D,** SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076

Estimated average burden' Hours per response....16.00

Expires: April 30, 2008

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Name of Offering (check if this is an amendment and name has changed, and indicate change)

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section	on 4(6) ULOE
Type of Filing: New Filing	·
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change) SHUMATE INDUSTRIES, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	·Telephone Number
12060 FM 3083	(936) 441-5100
CONROE, TEXAS 77301	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number
(if different from Executive Offices)	±6) =
Brief Description of Business	
(if different from Executive Offices) Brief Description of Business ENERGY FIELD SERVICES HOLDING COMPANY. Type of Business Organization NOV 2 1 2006	
Type of Business Organization Corporation Innited partnership, already formed other transaction of the partnership, already formed	limited liability
corporation limited partnership, already formed other trippes specify): 1 company FINANCIAL	inned nathry
business trust limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 6 0 2 Actual	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction) D	E
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Sec et seq. or 15 U.S.C. 77d(6).	ction 4(6), 17 CFR 230.501
When to File. A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address at that address after the date on which it is due, on the date it was mailed by United States registered or certified materials.	given below or, if received
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required: <u>Five (5) copies</u> of this notice must be filed with the SEC, one of which must be manually signed signed must be photocopies of the manually signed copy or bear typed or printed signatures.	. Any copies not manually
Information Required: A new filing must contain all information requested. Amendments need only report the nat offering, any changes thereto, the information requested in Part C, and any material changes from the information parts A and B. Part E and the Appendix need not be filed with the SEC.	me of the issuer and previously supplied in

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state

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	2 P=4==4F + 7		A. BASIC IDENTIFI	CATION DATA		1
	2. Enter the information red	F	ving: has been organized wit	hin the next five		
			nas been organized wit to vote or dispose, or di	•	tion of 10% or m	ore of a class of equity
	securities of the issu	ier;			;	.
			=	orporate general and m	anaging partners o	of partnership issuers; and
٠.	Each general and management	anaging partner of pa			·	·
	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
	Full Name (Last name first, if LARRY C. SHUMATE	f individual)				
•	Business or Residence Addres	•	et, City, State, Zip Code			ī
	12060 FM 3083, CONROE					
	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
	Full Name (Last name first, if	• •		•		·
٠.	MATTHEW C. FLEMMIN	<u> </u>				<u> </u>
	Business or Residence Address		t, City, State, Zip Code)	•	
-	12060 FM 3083, CONROE			. '		
-	Check Box(es) that Apply:	Promoter	Beneficial Owner	Officer	☑ Director	General and/or Managing Partner
	Full Name (Last name first, if	individual)				
-	RUSSELL T. CLARK				•	
	Business or Residence Address	-	t, City, State, Zip Code)		4
-	12060 FM 3083, CONROE				- 1 <u>- 1</u>	
-	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
	Full Name (Last name first, if	individual)		•		
_	STEVEN B. ERIKSON	- Olive 1	04 0			
	Business or Residence Address 12060 FM 3083, CONROE,	•	i, City, State, Zip Code) · · · /		
-	Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
-	Full Name (Last name first, if	individual)		·	<u> </u>	,
	LEO B. WOMACK					
_	Business or Residence Address	s (Number and Street	, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	•	
	12060 FM 3083, CONROE,	·				, 1
	Check Box(es) that Apply:	Promoter .	Beneficial Owner	Executive . Officer	Director	General and/or Managing Partner
	Full Name (Last name first, if KENTON CHICKERING II	•			1 .	
_	Business or Residence Address		, City, State, Zip Code)			
	12060 FM 3083, CONROE,		, — r 1379)		•	
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	•	A. BASIC IDENTIFI	CATION DATA		<u></u>
3. Enter the information re		-			
•		has been organized wit	•	·	
 Each beneficial ow securities of the is: 		to vote or dispose, or di	rect the vote or dispos	sition of, 10% or m	ore of a class of equity
 Each executive off 	icer and director of co	rporate issuers and of co	orporate general and n	nanaging partners o	of partnership issuers; and
 Each general and r 	nanaging partner of pa	rtnership issuers.		<u> </u>	
· Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, FRANCIS X. MARSHIK	if individual)				
Business or Residence Addr	ess (Number and Stree	t City State Zin Code	<u> </u>		
12060 FM 3083, CONRO		a, only, outlo, bip code	,		i
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			· · · · · · · · · · · · · · · · · · ·	
ESTATE OF A. EARL SW	VIFT, DECEASED	• •			
Business or Residence Addr	ess (Number and Stree	t, City, State, Zip Code)		
C/O SWIFT ENERGY C	ОМРАNY, 16825 N	ORTHCHASE DRIV	E, SUITE 400, HO	uston, texas	77301
Check Box(es) that Apply:	Promoter	☐ Beneficial	Executive	Director	General and/or
4i	1	Owner	Officer		Managing Partner
Full Name (Last name first,	if individual)	.•			
Business or Residence Addre	ess (Number and Stree	t, City, State, Zip Code)		· i
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	•	•	•	
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Business or Residence Addre	ess (Number and Street	t, City, State, Zip Code)	· <u> </u>		
	<u></u>				1
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	. Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)		-		
<u>'</u>			···	··	: 1
Business or Residence Addre	ess (Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		Officer	· · · · · · · · · · · · · · · · · · ·	iviating it aid to
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Business or Residence Addre	ss (Number and Street	City, State, Zin Code)			
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1					

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	B. INFORMATION ABOUT OFFERING									
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration. Or solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, fist the name of the broker or dealer. If more than five (5) persons to be listed are associated person or agent of a broker or dealer only. Pull Name (Last name first, if individual) PIRIST MONTAUK SECURITIES CORP. Business or Residence Address (Number and Street, City, State, Zip Code) 328 NEWMAN SPRINGS ROAD, RED BANK, NEW JERSEY 07701 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Cheek "All States" or check individual States)	Answer also in Appendix, Column 2, if filing under ULOE									
commission or similar remuneration, for solicitation of purchasers in connection with sales of securities in the offering, if a person to be tisted is an associated persons or dealer of ealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons or solicitation of dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) FIRST MONTAUK SECURITIES CORP. Business or Residence Address (Number and Street, City, State, Zip Code) 328 NEWMAN SPRINOS ROAD, RED BANK, NEW JERSEY 07701 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)			No 							
Distribution Dist	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated									
Business or Residence Address (Number and Street, City, State, Zip Code) 328 NEWMAN SPRINGS ROAD, RED BANK, NEW JERSEY 07701 Name of Associated Broker or Dealer	Full Name (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	FIRST MONTAUK SECURITIES CORP.									
Name of Associated Broker or Dealer	Business or Residence Address (Number and Street, City, State, Zip Code)	•								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		·								
All States All			.							
All States All States States	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		₹,							
III	(Check "All States" or check individual States)		All States							
Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NU] [NH] [NJ] X [NM] [NY] X [NC] [ND] [OH] X [OK]	[MS] [OR] X	[MO] [PA]							
Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name (Last name first, if individual)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States", or check individual States)	Business or Residence Address (Number and Street, City, State, Zip Code)									
Check "All States" or check individual States)	Name of Associated Broker or Dealer									
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Pull Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		:							
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Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Full Name (Last name first, if individual)	•								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	Business or Residence Address (Number and Street, City, State, Zip Code)									
(Check "All States" or check individual States) All States [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]	Name of Associated Broker or Dealer		1							
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	[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[MS] [OR]	[MO] [PA]							

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE (OF PROCEEDS	<u> </u>	1
 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. 			•	
Type of Security	(Aggregate Offering Price		Amount Already Sold
Debt	\$	0	\$	0
Equity	\$	6,000,000	\$	1,048,550
☐ Preferred			•	. 1
Convertible Securities:	\$	0	\$	0
Partnership Interests	\$	0	\$	0
Other (Specify) Warrants ¹	\$	0	· \$	0
			•	
Total	\$	6,000,000	\$	1,048,550
Answer also in Appendix, Column 3, if filing under ULOE.				
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."				
		Number Investors		Aggregate Dollar Amount Of Purchases
Accredited Investors		19	\$	1,048,550
Non-accredited Investors		0	\$	0
Total (for filings under Rule 504 only)		0	\$	<u> ' o l</u>
Answer also in Appendix, Column 4, if filing under ULOE.		•		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		·		
Type of offering	٠	Type of Security		Dollar Amount Sold
Rule 505			•	
Regulation A				
Rule 504				, 1
Total				
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.			\$	0
Printing and Engraving Costs			S	3,500
Legal Fees (for issuer's counsel)		_	\$	25,000
Accounting Fees and Escrow Fees			S	2,500
Engineering Fees		_	2	0
Sales Commissions (specify finders' fees separately)(if placement agents are engaged)		-	2	660,000
Other Expenses (identify) - placement agent's counsel fees and blue sky filing and legal fees		_	ç	25,000
		1021	Φ	25,000

Class A warrants to purchase shares of Common Stock equal to 25% of the number of shares of Common Stock purchased in the Offering, at an exercise price of \$1.50 per share and Class B warrants to purchase shares of Common Stock equals to 25% of the number of shares of Common Stock purchased in the Offering at an exercise price of \$1.75 per share.

Total	<u></u>			•••••		•••••		⊠	\$ _	716,000
<u></u>	C. OFFERING	G PRICE, NUMBE	R OF INVEST	ORS, EXPENSE	S ANI	D USI	E OF PROC	EEDS		
total expenses fun	nished in respon	the aggregate offerings to Part C – Questi	ion 4.a. This di	fference is the "a	djusted	gros	s proceeds	•	\$	5,284,000
the left of the esti-	wn. If the amou mate. The total	idjusted gross procee int for any purpose it of the payments list uestion 4.b. above.	s not known, fu	mish an estimate	e and c	heck	the box to			
•						D	nyments to Officers, irectors & Affiliates			yments To hers
Salaries and fees	1	•				\$	0		\$	
Purchase of real estate	ē,.	**********************	**********************	*******************		\$.0		\$	0
Purchase, rental or lea	asing and installs	ation of machinery a	nd equipment			\$	0		\$	1,000,000
Construction or leasing	; ig of plant build	ngs and facilities	****************			\$	· 0		\$	0
Acquisition of other b Offering that may be a pursuant to a merger) Repayment of indebte	used in exchange	e for the assets or sec	curities of anoth	er issuer		\$ \$	0		\$	525,000
Working capital (inclu	ides product lice	nsing and advertisin	g and marketing	g)		\$	0	\boxtimes	. S	3,759,000
Other (specify):	·		***************************************	****************		٠			\$	
Column Totals						\$ \$	0		\$ \$	5,284,000
Total Payments Listed	(column totals	added)		*****************	,				\$	5,284,000
		D.	FEDERAL S	IGNATURE				· · · · · ·		
The issuer has duly confollowing signature confits staff, the information	onstitutes an und	ertaking by the issue	er to furnish to	the U.S. Securities	es and	Exch	ange Commis	ssion, u	inder ipon	Rule 505, the written request
Issuer (Print or Type) SHUMATE INDUST	TRIES, INC.			Signature	<u> </u>		,	Dat No		per <u>(3</u> , 2006
Name of Signer (Print				Title of Signer (
MATTHEW C. FLE	MMING			CHIEF FINAN	CIAL	OFF	ICER	+-		
				-				.1,		
· · · · · · · · · · · · · · · · · · ·	<u> </u>		ATTENT	YON						<u> </u>
Intentional miss	tatements o	r omissions of f			mina	l vio	lations (S	See 15	2 T I	S C 1001)

E.	STATE SIGNATURE ·	l l					
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes							
See Appendi	ix, Column 5, for state response.						
2. The undersigned issuer hereby undertakes to furnish to an D (17 CFR 239.500) at such times as required by state law	· ·	ed, a notice on Fo	m				
3. The undersigned issuer hereby undertakes to furnish to the to offerees.	ne state administrators, upon written request, information fu	mished by the issu	иет				
4. The undersigned issuer represents that the issuer is familia Offering Exemption (ULOE) of the state in which this exemption has the burden of establishing that these conditions that these conditions is the state of the stat	notice is filed and understands that the issuer claiming th	the Uniform Limit e availability of th	ted his				
The issuer has read this notification and knows the content undersigned duly authorized person.	ts to be true and has duly caused this notice to be signed	on its behalf by t	the				
Issuer (Print or Type) SHUMATE INDUSTRIES, INC.	Signature Dat Non	e vember/3, 2006	 ś				
Name of Signer (Print or Type) MATTHEW C. FLEMMING	Title of Signer (Print or Type) CHIEF FINANCIAL OFFICER						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.